

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41635

Registration District No. 207

Primary Registration District No. 4125 -

Registrar's No. 29-40

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Plattsburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all of life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME SALLY GREEN
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex Female 5. Color or race Ed. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ed. Green 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased not known (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 79 hr. min.

9. Birthplace Clinton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name David Coleman
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name Mary Talbot
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Ed. Green
(b) Address Plattsburg, Mo.
17. (a) Burial (b) Date thereof Dec 24 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, Mo.
18. (a) Signature of funeral director O'Brien Ryan
(b) Address Plattsburg, Mo.
19. (a) Dec 23 - 41 (b) Bennie Chatham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Plattsburg (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22 year 1941 hour 7 minute 25 P.M.
21. I hereby certify that I attended the deceased from Dec 11, 1941, to Dec 21, 1941 that I last saw her alive on Dec 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem. Duration 4 days
Due to Atherosclerosis 2 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. H. Stegeman (M. D. or other) Address Plattsburg, Mo. Date signed 12-23-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.